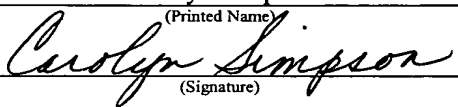


030104
21861 U.S. PTO

Atty. Dkt. No. 040014-0184

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Scott G. Manke
Title: CONTAINER CAP
Appl. No.:
Filing Date:
Examiner:
Art Unit:

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
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(Printed Name)	
	
(Signature)	

22264 U.S. PTO
10/790421
030104

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Scott G. Manke
1318 Grayhawk Way
Sun Prairie, Wisconsin 53590

Enclosed are:

- ☒ [X] Specification, Claim(s), and Abstract (10 pages).
- ☒ [X] Informal drawings (4 sheets, Figures 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11).
- ☒ [X] Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$770.00	=	\$770.00
Total	14	-	20	= 0	x		\$18.00	=	\$0.00
Claims:									
Independents	2	-	3	= 0	x		\$86.00	=	\$0.00
If any Multiple Dependent Claim(s) present:					+		\$290.00	=	\$0.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed Declaration					+		\$130.00	=	\$130.00
							SUBTOTAL:	=	\$900.00
[]							Small Entity Fees Apply (subtract ½ of above):	=	\$0.00
							TOTAL FILING FEE:	=	\$900.00

[X] A check in the amount of \$900.00 to cover the filing fee is enclosed.

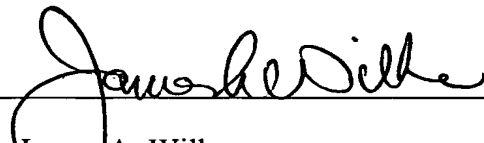
[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 3-1-04

By


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Attorney for Applicant
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